

The Special Attention of Physicians is respectfully invited to the remarks below, and to the use of pencils on back of this Certificate.

Health Department, City of Baltimore.

Permit No. 99062 Office of Registrar of Vital Statistics.

Ward 18

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, April 6th 1887

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Henry Doer

Sex, Male or Female, { Cross out the word not required in this line. } Male

Age, 5 Years, 5 Months, — Days.

Color, White

Married, Single, Widow or Widower, { Cross out the words not required in this line. } Single

Occupation, —

Birth Place, { State or country, and how long in the United States, if of foreign birth. } Baltimore

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, { Give Street and Number. } 1042 S. Sharp St

Cause of Death, { First (Primary), Second (Immediate), } Diarrhoea & Dehydration
Spasms

Duration of Last Sickness, One day

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, April 7

Undertaker, Geo. Lumbach

Frank J. Flannery, M. D.
Coroner Medical Attendant

Place of Business, 647 N. Pratt St. Address, 1701 Dr. Hill Ave.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

Board of Health, City of Baltimore.

Permit No. 99063 Office of Registrar of Vital Statistics. Ward 3 11/9

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, April 6, 2 P.M., 1887

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Rebecca E. Froehlich

Sex, Male or Female, { Cross out the word not required in this line. } Female

Age, 39 Years, _____ Months, _____ Days,

Color, White

Married, Single, Widow or Widower, { Cross out the word not required in this line. } Married ✓

Occupation X X X

Birthplace, { State or country, and how long in the United States, if of foreign birth. } Baltimore City

Duration of Residence in the City of Baltimore, Life time

Place of Death, { Give street and Number. } 2019 E Baltimore St.

Cause of Death, { First (Primary), Chronic Albuminuria
Second (Immediate), Uremia }

Duration of Last Sickness, 4 years

All the above information should be furnished by the Physician.

Place of Burial, Greenway

Date of Burial, April 8, 1887 Time 10 A.M. E. D. Denville M. D.

Undertaker W. Clarke & Co. Medical Attendant.

Place of Business, 92 D Ann Address, 1701 E Baltimore St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificate.

Health Department, City of Baltimore.

Permit No. 99064 Office of Registrar of Vital Statistics. Ward 62

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, April 5th / 87

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } George Wm Wills

Sex, Male or Female, { Cross out the word not required in this line. }

Age, 2 Years, _____ Months, _____ Days.

Color, white

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation, _____

Birth Place, { State or country, and how long in the United States, if of foreign birth. } Baltimore Md

Duration of Residence in the City of Baltimore, since birth

Place of Death, { Give Street and Number. } 940 N Chappel st

Cause of Death, { First (Primary), Second (Immediate), } Tubercular meningitis
convulsion

Duration of Last Sickness, (has been ailing for months)

All the above information should be furnished by the Physician. but has only had Brain trouble within the last three or four days.

Place of Burial, Balto Cemetery

Date of Burial, March 8th

Undertaker, A. C. R. Bandell Thos J. Dennis M. D.
Medical Attendant.

Place of Business, 1608 Miller St Address, 804 N Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 99065

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, *Apr 5: 1887*

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } *Anna Thomas Keene*

Sex, ~~Male~~ or Female, { Cross out the word not required in this line. }

Age, *17* Years, *17* Months, Days.

Color, *Black*

Married, Single, ~~Widow~~ or ~~Widower~~, { Cross out the word not required in this line. }

Occupation, *None*

Birthplace, { State or Country and how long in the United States, if of foreign birth. } *Balto Md*

Duration of Residence in the City of Baltimore, *Life*

Place of Death, { Give street and number. } *42 Compland st, old no*

Cause of Death, { First, (Primary.) Second, (Immediate.) } *Pneumonia*

Duration of Last Sickness, *3 days.*

All the above information should be furnished by the Physician.

Place of Burial, *Sharp St Cem*

Date of Burial, *Apr 7th 1887*

Undertaker, *Alex H. Wadley*

Place of Business, *56 Orchard St* Address, *311 n Ches st new no.*

Archer A. M. M. M. M.D.,
Medical Attendant.

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

HEALTH DEPARTMENT BUREAU OF VITAL STATISTICS BALTIMORE CITY, cm 1132. Printed 10/25/2022.

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificate.

Health Department, City of Baltimore.

Permit No. 99066

Office of Registrar of Vital Statistics.

Ward 9

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, *within twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, April 6, 1887

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Charles Bryan

Sex, Male or ~~Female~~, { Cross out the word not required in this line. }

Age, 54 Years, Months, Days

Color, Colored

Married, ~~Single~~, ~~Widow~~ or ~~Widower~~, { Cross out the words not required in this line. }

Occupation, Barber

Birth Place, { State or country, and how long in the United States, if of foreign birth. } U. S.

Duration of Residence in the City of Baltimore, Life

Place of Death, { Give Street and Number. } 14 Barnet St.

Cause of Death, { First (Primary), Second (Immediate), } Phthisis Pulmonalis

Duration of Last Sickness, One year

All the above information should be furnished by the Physician.

Place of Burial, St. Peter's Cem

Date of Burial, Apr 8th 1887

Undertaker, Alex Hensley Edward Jannet M. D.

Medical Attendant.

Place of Business, 56 Orchard St Address, 832 N. Eutamia St

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

HEALTH DEPARTMENT BUREAU OF VITAL STATISTICS BALTIMORE CITY, cm 1132. Printed 10/25/2022.

Health Department, City of Baltimore.

Permit No.

99067

Office of Registrar of Vital Statistics.

Ward

11th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, April 5th 1887

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Daniel Lynch.

Sex, Male ~~or Female~~, { Cross out the word not required in this line. }

Age, 28 Years, Months, Days.

Color, white

Married, Single, ~~Widow or Widower~~, { Cross out the words not required in this line. }

Occupation, Coachman.

Birth Place, { State or country, and how long in the United States, if of foreign birth. } Baltimore City.

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, { Give Street and Number. } (old) 178 N. Emlaw St.

Cause of Death, { First (Primary), Pneumonia. Second (Immediate), Heart Exhaustion. }

Duration of Last Sickness, 4 days.

All the above information should be furnished by the Physician.

Place of Burial, New Cathedral cemetery

Date of Burial, Thursday April 7th 1887

{ Undertaker, Jos T Byrne

C. O' Donovan Jr. M. D.

Medical Attendant.

{ Place of Business, 59 N Liberty St Address, 311 W. Monument St

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

HEALTH DEPARTMENT BUREAU OF VITAL STATISTICS, BALTIMORE CITY, MD 21201. Printed 10/25/2022.

Board of Health, City of Baltimore,

Permit No. 99468 Office of Registrar of Vital Statistics. Ward 16th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, April 7th 1887

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } George Washington Hoover

Sex, Male or Female, { Cross out the word not required in this line. }

Age, 59 Years, 19 Months, 9 Days,

Color, W.

Married, Single, Widow or Widower, { Cross out the word not required in this line. }

Occupation, Butcher

Birthplace, { State or country, and how long in the United States, if of foreign birth. } Baltimore Md.

Duration of Residence in the City of Baltimore, Since Birth

Place of Death, { Give street and Number. } No 67 Green - 113rd - Columbia Ave

Cause of Death, { First, (Primary,) Second, (Immediate,) } Ulceration of the Bowels

Duration of Last Sickness, About three years

All the above information should be furnished by the Physician.

Place of Burial, London Park Cemetery

Date of Burial, April 9th 1887

Undertaker, { John M. Beecher } Pembroke M. Hunter M. D., Medical Attendant.

Place of Business, 150 Camden St Address, No 1532 Belmont St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

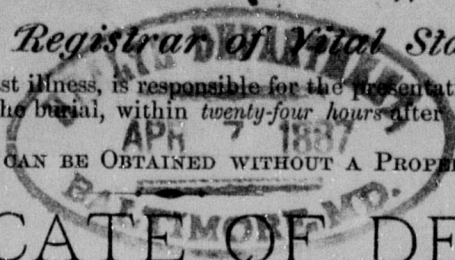
HEALTH DEPARTMENT BUREAU OF VITAL STATISTICS BALTIMORE CITY, cm1132. Printed 10/25/2022.

The Special Attention of Physicians is respectfully invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 99069 Office of Registrar of Vital Statistics. Ward 5th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.
No PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.



CERTIFICATE OF DEATH.

Date of Death, 4th April 6 - '87.

Full Name of Deceased, Wm. Linderman {Write legibly and spell correctly. If an Infant not named, give names of parents.}

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 33 Years, — Months, — Days

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation, Hackster

Birth Place, {State or country, and how long in the United States, if of foreign birth.} City

Duration of Residence in the City of Baltimore, 23 yrs.

Place of Death, {Give Street and Number.} No. 525 Forrest St.

Cause of Death, {First (Primary) Laudanum poisoning (suicide)
Second (Immediate), —}

Duration of Last Sickness, Few hours

All the above information should be furnished by the Physician.

Place of Burial, Balto Cemetery

Date of Burial, April 7, 1887

{ Undertaker, John W. Jackson } Alexander Hill, M. D.
Place of Business, Bay of Baltimore Address, Coronet Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

Health Department, City of Baltimore.

Permit No. 99070 Office of Registrar of Vital Statistics. Ward 11th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, April 6th 1887

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Sidney Fleetwood

Sex, Male or Female, { Cross out the word not required in this line. }

Age, 55 Years, _____ Months, _____ Days.

Color, Colored

~~Married~~, Single, Widow or ~~Widower~~, { Cross out the words not required in this line. }

Occupation, Washing

Birth Place, { State or country, and how long in the United States, if of foreign birth. } Not Known

Duration of Residence in the City of Baltimore, Not Known

Place of Death, { Give Street and Number. } Park Ave # 826

Cause of Death, { First (Primary), Second (Immediate), } Disease of the heart

Duration of Last Sickness, Death sudden

All the above information should be furnished by the Physician.

Place of Burial, St. Peters Cemetery

Date of Burial, April 8 1887

{ Undertaker, Margaret Pye }

{ Place of Business, 1012 military Address, _____ }

L. G. Sparrow M. D.

Medical Attendant.

Coroner

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

HEALTH DEPARTMENT BUREAU OF VITAL STATISTICS BALTIMORE CITY, cm 1132. Printed 10/25/2022.

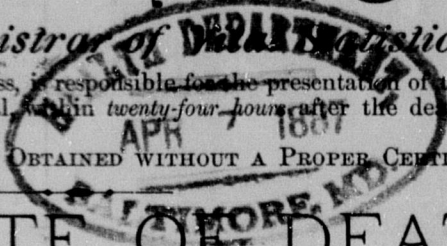
The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Health Department, City of Baltimore.

Permit No. 99071 Office of Registrar of **DEPARTMENT OF VITAL STATISTICS** Ward 13 ⁵/₄

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.



CERTIFICATE OF DEATH.

a

Date of Death, Found dead in room April 5th 1887

Full Name of Deceased, ^{Write legibly and spell correctly. If an Infant not named, give names of parents.} Supposed to have been dead about 3 days
Amanda Adams

Sex, Male or Female, ^{Cross out the word not required in this line.}

Age, 50 Years, _____ Months, _____ Days.

Color, Black

Married, Single, Widow or Widower, ^{Cross out the words not required in this line.} ✓

Occupation, Washing

Birth Place, ^{State or country, and how long in the United States, if of foreign birth.} Eastern Shore Md

Duration of Residence in the City of Baltimore, _____

Place of Death, ^{Give Street and Number.} King St # 403

Cause of Death, ^{First (Primary), Second (Immediate),} Intemperance and exposure -

Duration of Last Sickness, _____

All the above information should be furnished by the Physician.

Place of Burial, Western Public Cemetery

Date of Burial, April 6th 1887

Undertaker, Geo E Brown L. G. Sparrow M. D.
Medical Attendant.

Place of Business, Health Office Address, _____

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]